161

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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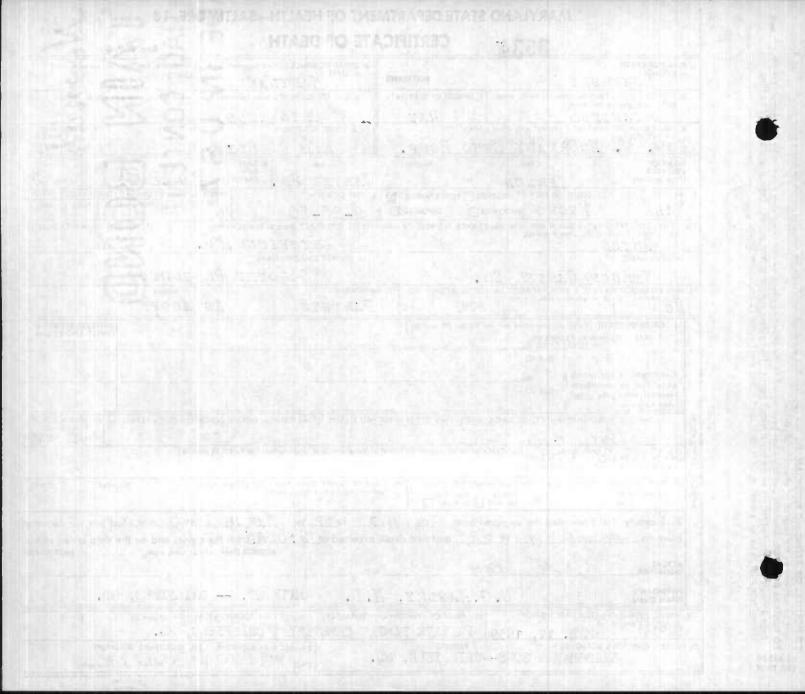
	35	34	CERTIF	ICA	TE OF DEATH	1	PAT DE	Reg. Di	st. No.		• 0
1. PLACE OF DEATH  o. COUNTY  SOMERS.	ET		MARYLA	UND	2. USUAL RESIDENCE (WILL O. STATE MAR Y)		d lived. If institution b. COUNTY	~		re odmiss	
b. CITY OR TOWN (If outs RURAL and give nearest		ls, write	c. LENGTH OF STAY IN	1 1b.	c. CITY OR TOWN (IF		rote limits, write R				
CRISFIE			1 DAY		X CRISI	FIELL		1		154	
d. NAME OF HOSPITAL (IF OR INSTITUTION EDW. W. M	not in hospital, g		oddress) EMO HOSP.		d. STREET ADDRESS  RFD #:	1 Boz	x 95				FARM?
3. NAME OF DECEASED (Type or print)	VER N		Middle		CARTER JR	4. DATE OF DEATH	MAR C		1 Do		Yeor 19 53
	COLOR OR RACE	7. MARE	RIED NEVER MARRIED	<b>3</b>	B. DATE OF BIRTH	- 11-1-1	9. AGE (In years lost birthdoy)	IF UNDER			
MALE .	NEGRO	WIDOWI	ED DIVORCED		9-25-50	33.0	8 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION (G during most of working li CHILD	Pive kind of work of ife, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUS	CRIST	TELD.			USA	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	CARTE		٠.			OTHY	BROUGH	TON			
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	U. S. ARMED FORG		NONE		PARENTS		AS ABO				
Conditions, if ony, we gove rise to immed couse (o), stoting the will lying couse lost.	/AS CAUSED BY: IEDIATE CAUSE (o) DUE TO which diote nder- (c)		Pucus						ONS	ERVAL BE	DEATH
OR CONTRIBUTING CO	IDERLYING [] AUSE OF DEATH	cens	lian		NOT RELATED TO THE TERMI			EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED? NO 2
20c. TIME OF INJURY M. Hour a. m. p. m.	onth, Day, Yea	While of worl	Not while	le. PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc.	, 20f. (City	or town)	(0	ounty)		(Stote)
21. I certify that I alive an	attended the	_, 12_	59,, and that d	eath	3 , 19 <i>58</i> , ta accurred at <u>9 • 5</u>	5AMron ADDRESS (SI	9 141950 In the causes a reet, city or town,	nd on tl	last so he dat	te state	decease ed abavi
PHYSICIAN'S NAME (Type)		C.	G.RAWLEY,	M	.D. MAIN	ST.	CRISF	ELD,	MD.		
REMOVAL (Specify)	2b. DATE THEREO		22c. NAME OF CEMETE		CREMATORY		ION (City, town, o			(Stote	e)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous

DR'S SIGNATURE ADDRESS
BRADSHAW & SONS-CRISFIELD, MD.

23. FUNERAL DIRECTOR'S SIGNATURE



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	UNERAL DIS OR: After this certificate has been signed by the attending physicion and completely filled in by wheral director	ge 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Jid be filed wi	j
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y be reigning and an allending priyalcion.	_	P	registrar prior to burial, cremation, or removal, and in any event within 12 hours after death.
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VS A15 (4)

1SM 9/58

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VS A1S (4) 15M 9/SS 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 11
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3536 CERTIFICATE OF DEATH

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manaat		MARY		o. STATE	_		b. COUNTY			nission)
(If outside corporate limit	ts, write c.	LENGTH OF STAY	IN 1b			corporate li				own)
		82 year	29	X Mon	ie					
TAL (If not in haspital, g	ive street add		1	d. STREET ADDI	RESS					RESIDENCE N A FARM?
		_		Last	0	F	200		Day	Year 19 5 9
				DATE OF BIRTH		los	t birthdoy)			NDER 24 HRS.
white										
ON (Give kind of work of king life, even if retired)  Watermar	done 10b. KIN	ID OF BUSINESS C	OR INDUSTI			ign country		12. CITI	U.S.A	
				14. MOTHER'S MA	IDEN NAME					
l Davis			75	Nancy	Laire	3				
ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO	), 17, INF		200.21	A	Addr	ress		
(If yes, give war or dates of se	ervice)	no	Mr	s. Dola	Davi	8 N	inoe	Mar	yland	
IMMEDIATE CAUSE (o) DUE TO DONN, which immediate the under-	Pro		lypro	trophy						3 70
a thriti,	. Han	ked art	erio	scloro	1 3			EN IN PART	PER	S AUTOPSY FORMED?
AS UNDERLYING  GOVERNMENT  GOVERNMENT  GOVERNMENT  AS UNDERLYING  GOVERNMEN	20b. DESCRIE	BE HOW INJURY O	OCCURRED.	(Enter noture of inj	ury in Port I c	or Part II of	ilem 18.)			
10	While	Not while	20e. PLAC facto	E OF INJURY (Hom ry, street, office blo	dg., etc.)	(City or to	wn)	(C	ounty)	(State)
Venet	. 12	and that	death o	occurred at	OA M,	from the	causes a	ind an th	e date st	
ON, 22b. DATE THEREO	)F 2	2c. NAME OF CEM		CREMATORY				or county)	(S	tote)
3_T3 T	OFO					1107 07	9.0	79		
R'S SIGNATURE	959 1	ADDRESS	Cem	etery.	a. REC'D BY R			STRAR'S SIG		
	Fin Samuel  6. COLOR OR RACE  White  ON (Give kind of work or king life, even if retired)  Watermar  1 Davis  ER IN U. S. ARMED FOR (If yes, give wor or dores of work of the color of the color, which immediate the color of the color o	(If outside corporate limits, write learest lown)  First  Samuel  6. COLOR OR RACE  White WIDOWED  ON (Give kind of work done lob. KIN riking life, even if retired)  Waterman  L Davis  ER IN U. S. ARMED FORCES? (If yes, give wor or done of service)  TO DUE TO  DUE TO  DUE TO  ONY, which immediate the under limits under year of the under limits and li	INTEREST C. LENGTH OF STAY BE VEAT  ITAL (If not in haspital, give street address)  First Middle  Samuel Te De  6. COLOR OR RACE Widowel Testing life, even if retired) Waterman  L Davis  ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service)  TO DO  ATH (Enter only one couse per line for (o), (b), and (c) and the modern limits of the modern limits limi	MARYLAND  Merset  (If outside corporate limits, write learest lown)  TAL (If not in haspital, give street address)  First  Middle  Samuel  T. Davis  6. COLOR OR RACE  WIDOWED  ON (Give kind of work done lob. KIND OF BUSINESS OR INDUSTIVE waterman)  ON (Give kind of work done lob. KIND OF BUSINESS OR INDUSTIVE waterman)  Davis  ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)  TO  ATH (Enter only one couse per line for (o), (b), and (c).]  ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ONLY, which immediate line under.  (c)  THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  AS UNDERSYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year  While Not white of work of other of work	MARYLAND    Mary   Mary	MARYLAND  O. STATE Maryland  (If outside corporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside merest lown)  82 years  Monie  ITAL (If not in hospital, give street address)  First  Middle  Lost  4. D.  Samuel  T. Davis  6. COLOR OR RACE  White  WIDOWED  DIVORCED  ON (Give kind of work done fixing life, even if refired)  Waterman  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Slobe or fore fixing life, even if refired)  Waterman  14. MOTHER'S MAIDEN NAME  Nancy Laire  RE IN U. S. ARMED FORCES?  (If yes, give wor or done of service)  TO  ATH [Enter only one couse per line for (o), (b), and (c).]  ATH (Enter only one couse per line for (o), (b), ond (c).]  ATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Only, which immediate  publical Examiner  (c)  HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI  AS UNDERLYING  SO DEATH  Y MEDICAL EXAMINER)  RY Month, Doy, Year  20d. INJURY OCCURRED, (Enter noture of injury in Port Log  SO CAUSE OF DEATH  Y MEDICAL EXAMINER)  RY Month, Doy, Year  20d. INJURY OCCURRED, (Enter noture of injury in Port Log  White of work of work of the death occurred at 10A M,  ADDRE  EVERAL C. Sutter MD  ON, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. L.  22d. L	MARYLAND    (If outside corporate limits, write acted town)   82 years   Monie	County   C	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STAP   SOMETS    MARYLAND  1. COLOR OR RACE   C. LENGTH OF STAY IN 1 b    SAMUEL   T. DATE   Month    SAMUEL   T. DAT	Maryland  Gomerset  (If boulde corporate limit, write   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limit), write RURAL and give necret to earned from the property of the corporate limit, write RURAL and give necret to earned from the corporate limit, write RURAL and give necret in the corporate l

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funeral director,

		353	7		CEKIII	ICA	IE OF	DEAIL			Reg. C	Dist. No		
a. COUNTY	SOMERS	ET			MARYL	AND	2. USUAL RES o. STATE	3.0	ere deceased	lived. Il instit b. COUN	TY O	y	RSE	
RURAL	TOWN (If outside not give nearest to	wn)	is, write	c. LENG	TH OF STAY II	4 1b	c. CITY OR			ate limils, write		l give ne	arest town	1)
d. NAME C	RISFIE DE HOSPITAL (IF IN ITUTION W. MCCR	ot in hospital, g	2.6	address)	DAY SP.		d. STREET		ON D	TATIO	N			FARM?
3. NAME OF DECEASED (Type or pr	int)	Fir NA	OMI		Middle	d	DR YD E 1		4. DATE OF DEATH		onth R CH	-		Year 19 55
5. SEX	6. CO	W RACE	7. MARR		DIVORCED		MAY	16,1		9. AGE (In year last birthdoy	Months		Hours	R 24 HRS Min.
100. USUAL O during mo	CCUPATION (Gives of working life HOUSE WARE	, even if retired)	done 10b.	KIND OF	BUSINESS OR	INDUST	TRY 11. BIRTHP	ARION	STA	unity) TIONN		ITIZEN (	OF WHAT	COUNTRY
16 WAS DECI	GE OR G	E W.	-		ECURITY NO.	17 IM	FORMANT	ANNI	E BR	ITTIN	GHAM ddress	*		
(Yes, no, or unkno		ve wor or dates of se	rvice)		ONE	17. 11		GINIA	DRY		AS A	BOV	E	
59	2X	S CAUSED BY: DIATE CAUSE (of DUE TO	10 1	ne for (o),	(b), and (c).]	9 1	hered -	2	1.1-			IZT OX	ERVAL BE SET AND	TWEEN DEATH
gave r cause (a lying ca	ons, if any, wh ise to immedi ), stating the <u>unc</u> use lost.	ate (	Eles	we	Ind's	ujl	ules C	low	E Su	youd	la	4	zest	7
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO													
OR CONT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	OF INJURY Mor ra.m. p.m.	ith, Day, Yea	While al wor		CCURRED 2 while work	loe. PLA fact	CE OF INJURY ory, street, office	(Home, form ce bldg., etc.	. 20f. (City	or lown)		(County)		(Stote)
	21. I certify that I attended the deceased from 1 and 1, 1954, to MAR 28, 199, that I last saw the decease alive on MARCH28, 1959, and that death occurred at 1:454, from the causes and on the date stated above												decease	
ACTUAL	ADDRESS (Street, city or town, state) DATE SIGNED													
PHYSICIA NAME (T)	rpe)	GEOR	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	COULBO			D. MA		STAT			RYL	AND_
BURIAL, OBURIAL, OBURIA	(Specify)	R.30,19			HOBETH			CEME.		DBETH,		)	(Stot	e)
23. FUNERAL D	DIRECTOR'S SIGN	BRADS	SHAW		DRESS NSCRI	SFI	ELD, MD.	24a. REC'I	BY REGISTI		GISTRAR'S S	4.4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSTILAL OF ALEXANDER TO A STEAMING THE STATE OF THE OFFINIOR PHYSICION AND COMPLETELY FILLED IN TORESTATE THE STATE STATE THE STATE VS A15 (4) 15M 10/57

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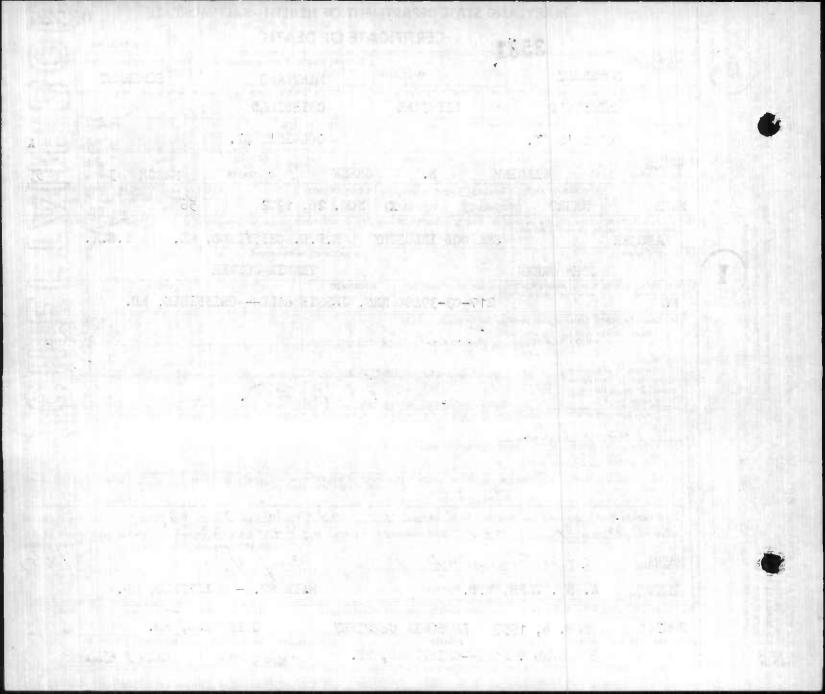
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CERTIFICATE OF DE	A
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IFICA	ATE	OF	DEA	TH	Reg	Dist.	P

		2521	CERTIFIC	AIE OF DE	AIII		Reg. Dist	. No.	
	1. PLACE OF DEATH O. COUNTY SOMERSET	7001	MARYLAND	a. STATE	ICE (Where deceased	l lived. If institution b. COUNTY	on: Residence	befare adi	missian)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)  CRISFIELD	e limits, write c. L	EIFETIME		VN (If outside corpor	rote limits, write RI	URAL and gi	ve nearest t	own)
	d. NAME OF HOSPITAL (If not in haspi	tal, give street addre	255)	d. STREET ADDI	LIN'S ST.			Ot	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	First ILLIAM	Middle H•	GREEN	4. DATE OF DEATH	Mon MAR		Day	Year 19 59
	5. SEX 6. COLOR OR R. NEGRO	ACE 7. MARRIED [ WIDOWED [	DIVORCED	8. DATE OF BIRTH	1902	9. AGE (In years last birthday) 50 yrs.	1	YEAR IF UI Days Hou	NDER 24 HRS. urs Min.
	100. USUAL OCCUPATION (Give kind of v during mast of warking life, even if re IABORER	vork dane 10b. KIND stired)			(State or foreign co			EN OF WHA	AT COUNTRY?
1	13. FATHER'S NAME  JOHN GR	EEN		14. MOTHER'S MA	NNIE JOYNE	ER			
	15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give wor or dat	es of service)	-03-3948 M	RS. JESSIE	HALLCF	RISFIELD,			
	18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	(0), (b), and (c).] mind Pr	aumma				ONSET A	BETWEEN NO DEATH
	Conditions, if ony, which	(b) Pas	usin Co	nguetion				54	an
	couse (a), stoting the <u>under-lying cause last.</u>	(c) Cerl	trioselux	tu / Kear	+ Dis	essi		Unit	non
	PART II. OTHER SIGNIFICANT  Malnulul	in	RIBUTING TO DEATH BU	IT NOT RELATED TO TH	E TERMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA PEI YES	REORMED?
	20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH	HOW INJURY OCCUR	RED. (Enter noture of in	jury in Part 1 or Part	II of item 18.)			
	20c. TIME OF INJURY Month, Doy, Haur o. m. p. m.	While _	OCCURRED 20e. I Nat while ot work	PLACE OF INJURY (Han actory, street, office blo	ne, farm, 20f. (City dg., etc.)	or town)	(Co	ounty)	(Stote)
	21. I certify that I attended alive an Mac. /	the deceased f		, 19.5 %, 19.5	-A.M. fram	the causes an	that I las	t saw the	deceased
	ACTUAL G- 17	. Ban,				reet, city ar town,			SATE SIGNED
	PHYSICIAN'S A N .	BARR, M.D.		MA.	IN ST C	CRISFIELL	, MD.		
1	220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) MAR. 6		NAME OF CEMETERY	OR CREMATORY METERY		TIELD, MI	,,	(5	Stote)
2	23. FUNERAL DIRECTOR'S SIGNATURE BRADSHA	W & SONS-	ADDRESS -CRISFIELD,	MD	a. REC'D BY REGIST		Clus & t		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DISCORTS After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 stocked far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 stocker registrar priar to burial, cremation, ar remaval, and in any event within 72 happenedier death. VS A1S (4) 15M 9/58



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led in by the funeral director,	
led in by	0

O FUNERAL DIFFATOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld detached for use as the burial-transit permit. Then please remare carbon pagers. Page the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si page 3 shauld detached for use as the burial-transit

VS A1S (4) 15M 9/SS

								Reg. Di	st. No.			
1. PLACE OF DEATH o. COUNTY SOI	merset		MARYLAND	11 4	STATE Mary		sed lived. If institution b. COUNTY	-	nce befor		ion)	
b. CITY OR TOWN (I RURAL and give no Rehobe	f outside corporate limi carest town) th	ts, write	c. LENGTH OF STAY IN 16	×	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow Rehobeth							
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS		7.5				IDENCE FARM?	
3. NAME OF DECEASED (Type or print)	Fir LILL		Middle EMMA		Lost MAHAN	4. DATE OF DEAT			Do		Year 19 59	
5. SEX Female	White	WIDOWI	-	No		863	lost birthday) 95 yrs.	Months	Days	Hours	R 24 HRS. Min.	
100. USUAL OCCUPATION during most of work Housewing	ing life, even if refired	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Sto		country)		ISA	F WHAT	COUNTRY	
13. FATHER'S NAME	in Vennen			14	MOTHER'S MAIDEN							
15. WAS DECEASED EVE	in Kepner R IN U. S. ARMED FOR Ill yes, give wor or dorse of s			INFOR		Mahan	, Rehobe		Mar	yla	nd	
PART I. DEA 592 X Conditions, if or gove rise to it couse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny. which mmediate the under- (c)	Her	ne for (o), (b), and (c).]  Luck Die of 1		V Ci		Cudetox	٤	ONS	RVAL BE ET AND	DEATH	
ICATI	Jerns	a		w	alo			EN IN PAR	IT 1(o) 1	PERFO	RMED?	
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter noture of injury i	n Port I or Po	ort II of item 18.)					
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e. Not while of work	PLACE ( foctory,	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (Ci	ty or town)	(	County)		(Stote)	
21. I certify the alive an Scholar Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	12.5	ed framfam.  G., and that dea  Nelhow  W.C. bo W.S.	th occ	, 1937, to 9 urred at 1.0 IDARION	2_M, fro	m the causes a Street, city or town,			e state		
220. BURIAL, CREMATIO REMOVAL (Specify) BUI'I a I	- / - /	F	22c. NAME OF CEMETERY Rehobeth				obeth, N		and	(Stote	:)	
23. FUNERAL DIRECTOR	S SIGNATURE AL	202	ADDRESS		24a. RE	C'D BY REGI	STRAR 24b. REGIS		GNATUR	E		

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Reg. Dist. No.

1. PLACE OF DEA o. COUNTY	Somerset		MARYLAND	2. USUAL RESIDENCE (W	there deceased	lived. If institution b. COUNTY	~	e before o	
	WN (If autside corporate limitive nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ate limits, write RL	JRAL ond gi	ive nearest	tawn)
	- Poconoke	City	life	XRural-Po	comoke	e City			
d. NAME OF H OR INSTITUT		give street	oddress)	d. STREET ADDRESS Rehobeth				0	RESIDENCE ON A FARM?
3. NAME OF	Fig	st	Middle	Last	4. DATE	Mont	h	Day	Yeor
(Type or print)	MA		ANN	MARSHALL	OF DEATH	Marc		23	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH			-		JNDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	March 5, 1	865	lost birthdoy) 94 yrs.	Months	Days Ho	ours Min.
100. USUAL OCCU	PATION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State	e or foreign co	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
Housew:		'		Marylan	d		I	JSA	
13. FATHER'S NAM				14. MOTHER'S MAIDEN					- 10-
Joseph	W. Tilghma	n		Catheri	ne Cli	iff			
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
(Yes, no. or unknown)	(If yes, give war or dates of t	ervice)	None Mr	s Gertrude	Powel-	. Pocor	noke	City	. Md.
18. CAUSE O	F DEATH [Enter only one co	use per li		0 01 01 000	20.102.	, , , , , ,	40110	-	L BETWEEN
	DEATH WAS CAUSED BY:	C	ebebral thro	mbosis				ONSET	days
111	DUE TO		0200202 01120	210 00 20					44,10
Canditions	431	U.	ypertensive	Cardio-wase	ייפ לוני	disease		37	ears
gove rise	to immediate	-	y per vembrae	Varuto-Vabo	ulal (	Theane			Carp
lying couse	oring the under-		eneralized a	rteriosoler	ngie			37	ears
			CONTRIBUTING TO DEATH BU			CONDITION GIVE	EN IN PART		
CATIC								PI	ERFORMED?
	IT WAS UNDERLYING THE TIME TO CAUSE OF DEATH OTHER MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	II of item 1B.)			
A Hour	NJURY Manth, Day, Ye o. m. 19	ar 20d. I While of war	Not while	LACE OF INJURY IHame, for octary, street, affice bldg., et	m, 20f, (City	or town)	(Co	ounty)	(Stote)
21. I certif	y that I attended the	deceas	ed from Feb.	1954, to	Mar.	23 , 1959	that I le	ast saw i	the deceases
alive on	Mar. 23			h occurred at 915	a M from	the course of	nd on th	e data	tated above
1	A 1	1	J, dila mar acar	ii occorred delle		reel, city or town, s		e dale s	DATE SIGNED
ACTUAL SIGNATURE_	Charles	107	rader	M.D. 302 Mark			and the same of	3-	24-59
PHYSICIAN'S NAME (Type)	Charles V	/. T	rader,M.D.						
220. BURIAL, CREA	MATION, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	MECHANOMY	22d. LOCAT	ION (City, town, a	r county)		(State)
Buria.	1 3-25-59		Rehobeth P	resbyterian	Reh	obeth,	Mary:	land	
23. FUNERAL DIRE	CTOR'S SIGNATURE	-	ADDRESS		D BY REGISTI	RAR 24b. REGIS	TRAR'S SIG	NATURE	55153
Herr	y As. War	der	Pocomoke Ci	ty, Md DATE M	AR 2 6 '5	9 an	Chun &. 7	Krauk	

funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DISFETOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

À

VS A15 (4) 15M 9/55

	(2)(1)(3)(2)	3 %	
	Secretary .		
The same of a second			4.
	Definition Andread		
		APPLIED DESCRIPTION	
er de la montre- List de		265	
		CONTRACTOR NOT THE	
and well with		Sant Extrans 16 Call Inc.	
nacional surements see La			

PLACE OF DEATH o. COUNTY

3. NAME OF

Male

Laborer

IVes no ar unknown!

couse lost

ACTUAL SIGNATURE

EXAMINER'S

NAME (Type)

Burial

REMOVAL (Specify)

de

No

13. FATHER'S NAME

5. SEX

DECEASED (Type or print)

Somerset

b. CITY OR TOWN (If outside corporate fimile, write RUBAL

Negro

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN

(Il yes, give war or dates of service)

IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Month, Doy, Year

apinion death resulted from: Natural causes

3/29

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I

1959 21. I certify that I took charge of the remains described

H. Johnson M.

Passanger in a car driven

206. DESCRIBE HOW INJURY OCCURRE

Automobile a

Madisendo

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

20d. INJURY OCCURRED | 20e While Not while of work |

First

Stacy McLean

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED

Princess Anne R. F. D.

during most of working life, even if retired)

Hector M. Lean

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse

(a), stoting the underlying

200. EXTERNAL CAUSE WAS PRIMARY. D or CONTRIBUTING CAUSE OF DEATH.

270. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY

Middle

DIVORCED [

Highway

Farming

16. SOCIAL SECURITY NO

Broken Ne

MARYLA

R'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	11353% No.
ND	2. USUAL RESIDENCE (No. STATMarylar		sed lived. If institu b. COUNT	tion: Residence	
16	c. CITY OR TOWN (III		porote limits, write er, Maryl		e nearest town)
	B. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	Lost	4. DATE OF DEATH	March	2]	Yeor L 1959
	DATE OF BIRTH Sarch 23, 19.	LO	9. AGE (in years leaf by theday) 40 yrs.	Months Day	
DUSTR	North Car		country)		OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN I	NAME			
	thrine McLe	an Da	Address imes Quar	ter MD.	
ck				0	NIERVAL BEIWEFN INSET AND DEATH Instant
UT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED?
	a high rate				YES NO 🔀
PLAC	ident Passan  E OF INJURY (Home, form  ty, street office bldg., etc.  Vay 529	20f. (City	or town)	(County)	Somerset Md
	re, held an Autops				
nt 🗠	3, Suicide ,	Hamicide	, Undefer	rmined mar	
	M.D. CHIEF MEDICAL EX				DATE SIGNED
	DEPUTY MEDICAL			h 24, 1	959

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

Dames Quarter Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(Slote)

necessary, please executed within 24 hours after in Item 18. Give Pages se along with form PM3. File pages Office along pup burial-transit per ord "pending" in Medical Examiner used as a 3 should be CTOR: cale, MEDICAL designated FUNERAL should ò

0 VS. A15ME 5M 2/57

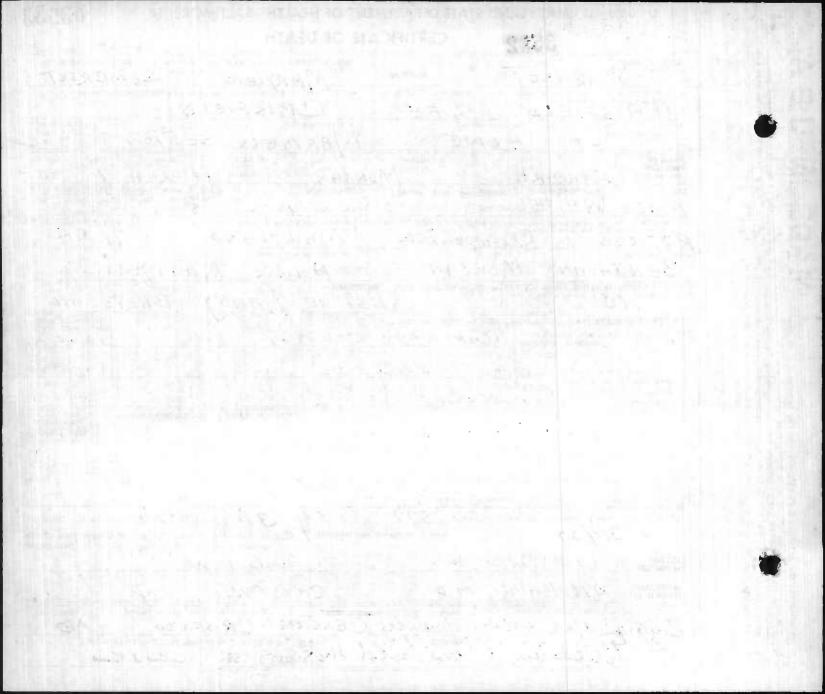
MITTAR SERVAL HARD TO			
CERTIFICATE OF	FICAL EXAMINERS	M dadp	
Salar Salar Salar State of			
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Toronto Maringon			
STATE OF THE PARTY.	E		
to regard or the action of		Born in the state of	

VS A1S (4) 1SM 9/SB

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	_			
)	1. [	PLACE OF DEATH OMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE BY ARYLAND b. COUNTY SO IN	e before admission)  1 ERSET
	t	b. CITY OR TOWN (If outside corporate limits, write RUSA) and give nearest town)	c. CITY OR TOWN No outside corporate limits, write RURAL and g	ive nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address)	39 CRISFIELD	e. IS RESIDENCE
3		OR INSTITUTION AT HOME	IMARINERS SECTION	ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print) FDUARD Middle	Last 4. DATE Month OF DEATH MARCH	Day Year
	5. 9	MALE WHITE WIDOWED DIVORCED	1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC. during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZ  12. CITIZ  12. CITIZ	ZEN OF WHAT COUNTRY?
	13.	BENJAMIN MORGAN	14. MOTHER'S MAIDEN NAME	ki.s
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	
	(Yes	, no, or unknown) (If yes, give war ar dates of service)	ESTHER HANDY - BALT	o, MA
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY	OCCLUSION	10 MIN.
		Conditions, if any, which)  DUE TO  ARTERIOSCL	FROSIS	UNKNOWN
		gove rise to immediate cause (o), stating the under-		UXIKNOWN
	z	lying cause lost.   (c)   CATCLIF	IIT NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART	,
0	CERTIFICATION	Tonging of medial Menision, left	How	PERFORMED? YES NO
		20a. ACCYÓENT-∜MAS/UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 18.)	
	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (C factory, street, affice bldg., etc.)	ounty) (State)
		21. I certify that I attended the deceased fram. 5/2	1953 to 9// 1959 that I las	st saw the deceased
		alive an $3/1/57$ , 19, and that dea	th accurred at $\mathcal{G}$ $\mathcal{P}$ $\mathcal{M}$ , from the causes and an the	
,		ACTUAL Gn. Ban, mo	M.D	DATE SIGNED
/		PHYSICIAN'S AN, BARR, M-D.	CRISFIELD, MP.	
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY MAR - 4-1959 MARINERS		(State)
	23.	FUNERAT DIRECTOR'S SIGNATURE ADDRESS LE	Les New 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
			13CAL V	



VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

113534

	354	1	CERT	IFICAT	E OF DE	ATH			Reg. D	ist. No		
1. PLACE OF DEATH  o. COUNTY  SOMERS	SET		MAR	YLAND 2.	o. STATE	CE (When		d lived. If institution b. COUNTY	~	nce befo		
b. CITY OR TOWN (If RURAL and give nea	outside corporate lim rest town)	its, write	c. LENGTH OF STATE	10	c. CITY OR TOV		tside corpo	rote limits, write R				
d. NAME OF HOSPITA OR INSTITUTION FDW. W. MC	α .	ive street  IEMO			d. STREET ADD	RESS RINE	ERS .	ROAD			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Robi	rst TR T	FRANZ	2	losi ROHS,	SR.	4. DATE OF DEATH	MAR C	11	J Do	у	Yeor 19 59
5. SEX MALE	6. COLOR OR RACE WHITE	WIDOW		ED   N	/	1889		9. AGE (In years lost birthdoy) 6 yrs.	Months Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of workin	ng lite, even it retired	done 10b.	GAS		GERI	MANY	7	ountry)	12. CI	US A		TCOUNTRY
13. FATHER'S NAME	UNKNOWN	essa la				RIE	ANK.					
UNKNOWN	yes, give wor or dates of t	service)	SOCIAL SECURITY N		EANETS	TE h	ARD	AS A	BOVE	7		
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  which mediate te under- (c)	0) (	1	7	The	-b-	2.4			ON	L L	ETWEEN D DEATH
20g ACCIDENT WAS	TINDERLYING [7]		CRIBE HOW INJURY						/EN IN PA	RT 1(0)	PERF	AUTOPSY ORMED?
OR CONTRIBUTING E (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH		NJURY OCCURRED  Not white	20e. PLACE	OF INJURY (Hon , street, office blo	ne, form,				(County)		(Stote)
21. I certify the alive an Physician's NAME (Type)	Sanh	, 12_3 	Peyton	t death od		1:00	M, fron	13, 19 5, or the causes of reet, city or town,	and on		te stat	
220. BURIAL, CREMATION BURIAL (Specify)			22c. NAME OF CEA	AETERY OR CI	REMATORY METERY	2		SFIELD,			(Sto	te)
23. FUNERAL DIRECTOR'S BRAI	SIGNATURE		ADDRESS CRISFIELD,	MD.		o. REC'D	BY REGIST	RAR 24b. REGIS				

EFEN FILE STATE			
		an mark	
		and demonstrate and	
	NAME OF STREET	2.000	
5			
	STATE SALE		
			AND
		And sugression	
HENDING A			in the same
	We fit district	AM STATE OF	

funeral director, d be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld the stacked far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hauss after death.

by the hospital ar attending physician.

OR: After this certificate has been signed by stacked far use as the burial-transit permit.

TO FUNERAL DIP

VS A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 

		3394							Keg. Dist.	No.	
	o. COUNTY	OMERSET		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE MAR YI		lived. If institution b. COUNTY			
-	b. CITY OR TOWN (I	f outside corporate limits	, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or		ote limits, write R			
	RURAL and give ne	carest town)		7.4		CRISH	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on to one gr		,,,
-	d. NAME OF HOSPIT	SFIELD AL (If not in hospitol, given	ve street	ddress)	9	d. STREET ADDRESS	TELD			le 15 I	RESIDENCE
E	OR INSTITUTION	MCGREADY	MEI	Mo. Hospia	AL	CALVA	ary R	OAD		10	NO A
	NAME OF DECEASED (Type or print)	AR TI	HUR	Middle W.		NELSON	4. DATE OF DEATH	MAR CH	ith	Doy	Year 19 59
	SEX	6. COLOR OR RACE	7. MARR	HED MEVER MARRIED	8.	DATE OF BIRTH		AGE (In years lost birthdoy)			NDER 24 HRS.
	MALE		WIDOWE			3-12-1884	-	14 yrs.	Months D	ays Hou	rs Min.
100	during most of work	ting life, even if refired)			INDUST	RY 11. BIRTHPLACE (Stote		intry)			AT COUNTRY?
13	WATERM.	AN	1 8	SEAFOOD		MARYLA  14. MOTHER'S MAIDEN N				U.S.	A.
13.		E NELSON					VA LA	WSON			
	WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. IN	FORMANT		Adde	ress		
(110		(If yes, give war at dates of ser			ALI	MA NELSON		CRIS	F IEL	D, M	D.
	1	TH [Enter only one cou	se per lir	ne for (o), (b), ond (c).]						INTERVAL	BETWEEN ND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	7	opi my	00	arolitui				5	days
	33/X	DUE TO	1	1		D					
	Conditions, if o		10	ypostati	1	1 summon	ia			5	days
Н	gove rise to it		10	0 11	/	1 0	. ,			/	,
-	lying couse lost.	) (c)	U	retral /	as	whom are	what			6	dan
CATION	Mul.	TER SIGNIFICANT COND	TIONS C	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART 1	PER	S AUTOPSY REORMED?
CERTIFI	200. ACCIDENT WA	S UNDERLYING 1 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in P	ort I or Part	Il af item 18.)	0		
	20c. TIME OF INJUR		I mad in	WURY OCCURRED 20	200	E OF INJURY (Home, form,	aft	7 was	X		
MEDICA	Hour o. m.	0 00 00	While	Not while	focto	ry, street office bldg., etc.)	20r. (City	restrict	(Co	unity)	(State)
	21. I certify th	at I attended the	decense	ed from 2/	4	1959 to	3/2	1059	that I la	A Ab	7 /
	alive on 3	/_	10 5		eath a	accurred at8:051	DM 6	the course	.,mur i 10	21 20W th	e deceased
	01110		11/200	/, dira illai di	edili (			the causes a let, city or town,		date sta	DATE SIGNED
	ACTUAL SIGNATURE	a.n.1	Bar	v, M.D.	M.	o. CRISI		20	LAND	2	/3/57
	PHYSICIAN'S NAME (Type)	A. N. BAI	RR,	M.D.		CRISI	FIELD	, MARI	LAND		
220 B	REMOVAL (Specify)	N. 22b. DATE THEREOF	9	AS BUTY	RY OR			ON (City, Jown, o		/\	1990)
23/	FUNERAL DIRECTORS	SIGNATURE	1/	ADDRESS)	1 -	24a. REC'D	BY REGISTR	AP 24b. REGIS	TRAR'S SIGN	ATURE	14,
V	-mud 1	unnin	10	respech	11	DATE IN	ALL O			,	

	E OF DEATH		
			AND SHAPE OF THE S
		1.012 2V	
	NOT TASKED	h121.5800 .5324	YOUR CALL OF
S.			
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	the Trial and		
		on the second se	
		or tipes into time	
		or tipes into time	

	-				i
sony, please	ctor. Page	cour files.	of Health	1	1
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	scute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page	havid be anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained they	TO FUNERAL L CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State B of Health	or its designated agent, prior to buriol, cremotion, ar removal, and in any event within 72 hours after death.	
10	-	7	2	0	
V5	. A	15	ME		

5M 2/57

	MARYL	AND S	TATE DEPARTME	NT OF HEALTI	H-BA	LTIMORE, 18	3	02520
	3543 ME	DICA	L EXAMINER'S	CERTIFICAT	TE OF	DEATH	Reg. Dist. No	03536
1. PLACE OF DEAT			MARYLAND	2. USUAL RESIDENCE (V	Vhere deced	sed lived. If institution		fore admission)
b. CITY OR TOV	VN (It outside corporale limits, write	RURAL	c. LENGTH OF STAY IN 16			porote limits, write RU	RAL and give n	earest town)
and give nearer	Anne R. F. I		15 Years	X Princess	Anne F	R.F.D (King	s Creek	(5)
	DSPITAL OR INSTITUTION (			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Fir	ıf	Middle	Lost	4. DATE	Manth	Day	Year
(Type or print)	Charlie	Edwar	d Rowlev		DEATH	March 21		19 59
5. SEX		-	DE NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years IF	UNDER TYEAR	IF UNDER 24 HRS.
Male	Negro	WIDOWED	DIVORCED	April 1, 191	.9	Jost birthday) M	onths Days	Hours Min.
10a. USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	dane 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign	country)	12. CITIZEN O	F WHAT COUNTRY
Labor		Ca	nning Factory	Norfo	lk Vi	rginia	U. S	. A.
13. FATHER'S NAA				14. MOTHER'S MAIDEN	IAME			
ET:	ston Rawley			Nannie	Rober	son		
15. WAS DECEASE	D EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
[Yes, no. er unknown]	(If yes, give war or dates of	51	9-03-4467 Na	nnie Rawley	Princ	ess Anne R	. F. D.	
	DEATH [Enter only one con	isa per lina i	for (o), (b), and (c).				INTE	RVAL BETWEEN ET AND DEATH
PART I.	DEATH WAS CAUSED BY:	Asp	hyxiation (Home	ocide) Figh	ting v	with wife		nutes
923	X DUE TO		V	,	0			
Conditions	if any, which) (b)	Wif	e hit him on to	op of head w	ith bi	lunt instru	ment	
gove rise to	mmediale couse							
cause lost.	the underlying DUE 10	the	n with her hand	ds around th	roat o	chocked him	to lea	ath
Z PART II			ENTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY
PART II  20a. EXTERNA PRIMARY 11 CAUSE OF DE								PERFORMED?
20a. EXTERNA	L CAUSE WAS CONTRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I or Part I	f of item 18.)		
CAUSE OF DE	ATH.	S	trangulation by	y pressure of	n necl	k		
3 20c. TIME OF	INJURY Month, Day, Ye		NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (Cit		(County)	(State)
20c. TIME OF Hour	2. m. 3/27 19	Ko of wo	rk at work Home	ery, street, office bldg., etc		ncess Anne	RD Sc	merset Mc
-			emains described aba					
	•		auses , Accident					
арініан ає	A A	Natural C	duses [], Accident [	_, Soicide [_],	ramera	e [-], Underenn	iinea iiigiini	er []
ACTUAL	MILL.			CHIEF MEDICAL E	CAMINER	1		DATE SIGNED
SIGNATURE	Louis	an.		_M.D. CHIEF MEDICAL E.	The State of the S			
EXAMINER'S	V 7	T . 1	W D	DEPUTY MEDICAL		35 3 6	24. 1959	9
NAME (Type)	AATION, 1226, DATE THERE	Johns	On M. D.			ATION (City, town, or		(Slote)
REMOVAL (SE	pecify)	1			-		2.0	
Buria	ETOR'S SIGNATURE		John Wesler		D BY REGIS	ncess Anne	AR'S SIGNATU	
11/1/1/1/	, 370	, (	A Tempses	4	MAR 3		Thun 8. 16	

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	(If	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03537

Cirilar S. House

3544	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE  MAR. YLAND	b. COUNTY  SOMERSET
b. CITY OR TOWN (If outside corporate fimits, write	c. LENGTH OF STAY IN 16		ote limits, write RURAL and give nearest town)
RURAL and give nearest town)  CR. TSFTELD	15 DAYS	X MARION STA	THE TON
d. NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
EDW. W. MCCREADY MEM	o. Hosp.		YES NO X
3. NAME OF First DECEASED (Type or print) JOHN	Middle COULBOUR	V THOMAS DEATH	Month Day Year MARCH 14 19 59
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDE	OWED DIVORCED	JUNE 21 1891	67 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign cou	intry) 12. CITIZEN OF WHAT COUNTR
RETIRED	FARM & WATERMAN	MARION STA	TION MD USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	14
JAMES R. THOM		HETTIE S.	Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   [III yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address
No	NONE	CARLYLE THOMAS	AS ABOVE
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]	. 10	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cut- Til 11	Heart. Jancies	lies Cypt PS Death
592 X DUE TO 1		. ~ .	
Conditions, if ony, which )	woure Silve	Herry Clary o	sexculle from ix
gove rise to immediate			10 10
lying cause lost.	emeles on	Wow- Ea	
	S CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION The Control Cyc	A P	A TOTAL DISEASE	PERFORMED?
	DESCRIBE HOW INHIBY OF CHORE	D. (Enter noture of injury in Part I or Part I	YES NO
UR CONTRIBUTING LI CAUSE OF DEATH			
Hour o. m. Wh		ACE OF INJURY (Home, form, 20f. (City of ctory, street, office bldg., etc.)	or town) (County) (State
21. I certify that I attended the dece	eased from Fach ( )	7 , 19 69, to 3-14-	, 19 59, that I last saw the decease
alive on the ale 14 15	34 and that death	7	the causes and an the date stated above
0,	2		et. city or town, stote)  DATE SIGN
SIGNATURE Deenge 106	outhun	M.D. Mena Dh no	8 Mala 14.59
PHYSICIAN'S NAME (Type)	GEORGE C.	COULBOURN, M.D.	
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL Specify) MAR. 16,1959	22c. NAME OF CEMETERY O		ON (City, town, or county) (Stote) N STATION, MD.
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS-	-CRISFIELD, MD.	240. REC'D BY REGISTRAMAR 1 6	

DATE

VS A15 (4) 15M 10/57

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	ADEMIED .	
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	THE STATE OF THE S	

VS A1S (4) 1SM 9/S8

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
23	CERTIFICATE	OF DEATH	

M

03538

	3533		CEKTIF	ICA	IE OF DI	EAIF			Reg. Di	ist. No.		
PLACE OF DEATH     a. COUNTY	SOMERSET		MARYLA		2. USUAL RESIDE	NCE (Wh		lived. If instituti b. COUNTY	on: Residen	nce befor	re admis	sion)
b. CITY OR TOWN RURAL and give	(If autside corporate limi nearest town) CRISFIELD	ts, write	c. LENGTH OF STAY IN	11Ь	00 -	WN (IF a		ate limits, write R			rest taw	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g		oddress)		d. STREET ADI	DRESS	DARD A	VE.			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir WEI		Middle WILSON		TODD		4. DATE OF DEATH	March		Do	,	Year 19 59
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIED  DIVORCED		MAY 21,	1893		9. AGE (In years lost birthdoy) 65 yrs.	Manths		Haurs	Min.
10a. USUAL OCCUPAT during most of wo WATERMAN	ION (Give kind af wark or irking life, even if retired		KIND OF BUSINESS OR	INDUST				D, MD.		J.S.		COUNTRY?
13. FATHER'S NAME	JAMES S. T	ממסי			14. MOTHER'S M			. CROWTH	ER			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give wor or dates of s		SOCIAL SECURITY NO.		NONE TOD	D5	STAND	ARD AVE.		SFI	ELD,	MD.
Conditions, if gave rise to couse (o), stoting lying couse last  PART II. O'	immediate DUE TO	A	The Jews	H BUT N	NOT RELATED TO T	HETERMI	NAL DISEASE	CONDITION GIV	VEN IN PAI	RT 1(o) 1	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WOR CONTRIBUTIN	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of i	injury in F	art I ar Part	II of item 18.)				
20c. TIME OF INJU Haur o. m.	IRY Manth, Day, Yes	20d. IN While of work	Nat while	0e. PLAC focto	CE OF INJURY (Ho ory, street, affice b	ome, form oldg., etc.	20f. (City	ar tawn)	(	(Caunty)		(Stote)
21. I certify to alive an 22.	Lands  Barah M. PEY	195	Pey Lon	leath o	, 1955, occurred at2	<b>6</b> 00P	M, fram t	the causes areet, city ar tawn,	nd an th state)	e date	state	deceased d above. TE SIGNED
(17)00	ON, 22b. DATE THEREC	)F	22c NAME OF CEMET SUNNYRIDGE		CREMATORY METERY		22d. LOCAT	ION (City, town,	ar caunty)		(Sta	ite)
23. FUNERAL DIRECTO		SONS	ADDRESS CRISFIELI	o, M			BY REGISTI		STRAR'S SI	41.		

**BE 35** George \_\_\_\_ TO THE REPORT OF THE PARTY OF T .1, 1 .: Joseph Line A STANDARD OF STREET The state and the state of the a a fine of RC (ES) in table to the execution of RC (P) ALL ALL CALLED GENERAL STREET, OF LAR to be with the transfer of the second

VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3545 CERTIFICATE OF DEATH

03539

DEATH Reg. Dist. No.

1. PLACE OF DEATH COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylan	here deceased lived. If b. C	institution: Residence OUNTY Some	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne	c. LENGTH OF STAY IN 16 46 Years	c. CITY OR TOWN (IF of X Princess	outside corporate limits,	write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) DENNIS	Middle	TYLER tost	4. DATE OF DEATH	Month 3	In Yeor 19 59
35-3-	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/21/1881	9. AGE (I	n years thdoy) yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR IND Handy Man	USTRY 11. BIRTHPLACE (Stote Vingini		12. CITI	ZEN OF WHAT COUNTRY
JAMES DRUM	A.M	14. MOTHER'S MAIDEN I			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [1 (Yes. no. or unknown) [1] (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if any, which gave rise to immediate DUE TO	Paralysi.	s Agita	ms		INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	RED. (Enter noture of Injury in	Port I or Port It of item	18.)	
Hour o.m. Whi		PLACE OF INJURY (Home, form actory, street, office bldg., etc.	n, 20f. (City or tawn)	(C	ounty) (State)
21. I certify that I attended the decedative an ITALE 14th, 19  ACTUAL SIGNATURE EIDD G.  PHYSICIAN'S NAME (Type)		6 , 19 58, to 10 11 14 occurred at 1 1 12 3		uses and an th	ast saw the decease e date stated above DATE SIGNE
DIRTAY 51 3 22 /5		ptist Church	No. of the last of	VING	(State)
WILLIAM H JANTO JR	PRINCESS A		D BY REGISTRAR 24	6. REGISTRAR'S SIG	1.0

THE THE STREET OF THE PARTY AND	O STATE BYTLLYS	
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Valenties		
THE RESERVE THE RE		
		multiple day
motor to distance		
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